



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Lum	Lori		544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23 rd Flr.			544-8399
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Watanabe Ing Kawashima & Komeiji LLP			544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop Street, 23 rd Floor			544-8399
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Aloha Airlines, Inc.	539-5972	
MAILING ADDRESS (Street)	FAX	
500 Ala Moana Blvd., Suite 500; Two Waterfront Plaza	836-0303	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Stephanie Ackerman		539-5972
MAILING ADDRESS (Street)		FAX
500 Ala Moana Blvd., Suite 500; Two Waterfront Plaza		836-0303
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Kim Ann C. Olan
(Signature of Lobbyist)

JAN 13 2005

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Stephanie Ackerman

Senior Vice President, Public Relations & Government Affairs

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Aloha Airlines, Inc.

539-5972

MAILING ADDRESS (Street)

FAX

500 Ala Moana Blvd., Suite 500; Two Waterfront Plaza

836-0303

(City)

(State)

(Zip Code)

Honolulu

HI

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Stephanie Ackerman
(Signature of Authorizing Officer or Person Represented)

1/13/05
(Date)